

# KENTUCKY BOARD OF DENTISTRY

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## STATEMENT OF MEDICAL EMERGENCIES COURSE CONTENT

I certify that as speaker / presenter of the course in the identification and prevention of potential medical emergencies, that as a condition of approval of this course by the Kentucky Board of Dentistry, for purposes of initial approval for hygienists to practice general supervision, that I agree to present the course to include at a minimum, as stated in 201 KAR 8:450, the following topics:

1. Medical history, including American Society of Anesthesiologists classifications of physical status;
2. Recognition of common medical emergency situations, symptoms and possible outcomes;
3. Office emergency protocols; and
4. Prevention of emergency situations during dental treatments.

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Signature of Speaker

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Date

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Name of Speaker – printed

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Course Name